

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED DEC 2 - 1957

State File No. **40665**
5252

BIRTH NO. _____		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Kansas b. COUNTY Johnson			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. LENGTH OF STAY (in this place) 1 wk.		c. CITY OR TOWN Kansas City		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Trinity Lutheran Hosp.				STREET ADDRESS (If rural, give location) 7415 Springfield			
3. NAME OF DECEASED (Type or Print) a. (First) HOLLACE		b. (Middle) JERAMIAH		c. (Last) WHORTON		4. DATE OF DEATH (Month) (Day) (Year) Nov. 7, 1957	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH Mch. 13, 1867		9. AGE (In years last birthday) 90 yrs.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) building contractor		10b. KIND OF BUSINESS OR INDUSTRY self-emp.		11. BIRTHPLACE (City and State or Foreign Country) Kosciusko, Co. Indiana		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME (unknown) Whorton		13b. MOTHER'S MAIDEN NAME Mary Ellen Burns		14. NAME OF HUSBAND OR WIFE Edith Whorton			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Clyde L. Whorton Kansas City, Ks.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Left Cerebral Vascular Occlusion ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral Arteriosclerosis DUE TO (c) Generalized Arteriosclerosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Left Capsular fracture Rt Femoral neck				INTERVAL BETWEEN ONSET AND DEATH 4 days	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
21a. ACCIDENT (Specify) SUICIDE		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Kansas City Johnson Kansas			
21d. TIME OF INJURY Oct-31 57 9 P.M.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? in home			
22. I hereby certify that I attended the deceased from Oct-31-1957 , to Nov-7, 1957 , that I last saw the deceased alive on Nov-2-1957 , and that death occurred at 8:30 A.M. , from the causes and on the date stated above.							
23a. SIGNATURE Carl H. Brust (Degree or title) M.D.				23b. ADDRESS 106 W 14th St KC, Mo		23c. DATE SIGNED Oct-8-57	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 11/9/57		24c. NAME OF CEMETERY OR CREMATORY Memorial Pk. Cem.		24d. LOCATION (City, town, or county) (State) Kansas City, Ks.	
DATE REC'D BY LOCAL REG. 11-8-57		REGISTRAR'S SIGNATURE Neva Marshall		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Geo. F. Porter & Sons K.C. Ks.			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
Carl H. Brust



STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me; or by Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed Howard L. Pater

Licensed Embalmer No. 3751

P. O. Address 19th & Minnes
Kansas City,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.